

Entered - 10-09-00 - sb
CL 00L0603 - GWENDOLYN BURNS

CLAIM OF: **ANDREA R. JACKSON**
535 Wellington Way
Jonesboro, Georgia 30238

01- R-1240

For property damages alleged to have been sustained when a walkway and mailbox were struck by a knuckle boom loader during the city's attempt to remove discarded furniture from the curb side on September 14, 2000 at 1345 Montreat Avenue, SW.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ANDREA R. JACKSON** the sum of **\$650.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for property damages alleged to have been sustained when a walkway and mailbox were struck by a knuckle boom loader during the city's attempt to remove discarded furniture from the curb side on September 14, 2000 at 1345 Montreat Avenue, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0603

Date: July 18, 2001

Claimant /Victim ANDREA R. JACKSON

BY: (Atty) (Ins. Co.) _____

Address: 535 Wellington Way, Jonesboro, Georgia 30238

Subrogation: _____ Claim for Property damage \$ 650.00 Bodily Injury \$ _____

Date of Notice: 10/4/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X

Date of Occurrence 9/14/00 Place: 1345 Montreat Avenue, SW

Department PUBLIC WORKS Division Solid Waste Services

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained property damage when her walkway and mailbox were struck by a knuckle boom loader during the city's attempt to remove discarded furniture from the curb side.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

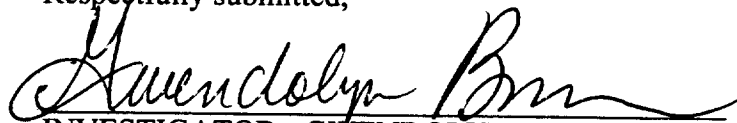
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

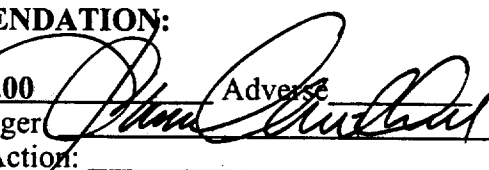
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 650.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager  Concur/date 08-02-01

Committee Action: _____ Council Action _____

RECEIVED

4 2000

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-3-00 10/09/00

ENTERED - 10-9-00 - SB
00L0603 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 300.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9-14-00 (month/day/year) 2. Time of Incident: _____ 3. Police called: _____ ☒ Yes ☐ No
4. Location of incident (including street address): 1345 Montreat Ave S.W Atlanta 30310
5. Name of your insurance company: State Farm Policy No. _____
6. State what and how incident occurred: City garbage workers accidentally fork lift the walk way and brick mail box when performing there duties of lifting, thrown out furniture refrigerator, and boxes of trash. Also damage my azalea bush in flower bed of the mail box
7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Andrea R. Jackson
Signature of Claimant

Andrea R. Jackson
(Print Claimant's Name)

535 Wellington Way
(Address)

Jonesboro, Ga 30238
(City, State and Zip Code)

(4) 656-9397 770 210-0591
(Work Number) (Home Number)

01-R-1240